



REVENUE DIVISION
PO Box 4089 Gulf Shores, Alabama 36547-4089
251-968-2426 FAX 251-968-1470
revenue@cityofgulfshores.com

Internal Use Only:	
Tax ID #	
License Code	
Received By	
Session #	
Date	
Initial	
Amount	
Check #	

BUSINESS LICENSE APPLICATION

Application Type: ☐ New ☐ Owner Change ☐ Location Change ☐ Name Change

Type of Business: ☐ 1 Manufacturer

Organizational Type: ☐ 1 Corporation

☐ 2 Contractor

☐ 3 Wholesaler

☐ 2 Partnership

☐ 3 Proprietorship

☐ 4 Retailer/Product

☐ 5 Other _____

☐ 4 Professional Association

☐ 5 Other _____

Estimated Gulf Shores' Gross Income through end of current year \$ _____ (Required for calculation)

Legal Business Name: _____

Doing Business As, if different from above: _____

Mailing Address:

Physical Address/Location:

PO Box/Street # and name

Street # and name

City/State/Zip

City/State/Zip

Telephone: (____) _____
Business

(____) _____
Cell

(____) _____
Home

E-Mail Address: _____

Federal ID#: _____

Is the physical location of your business also your residence? ☐ Yes ☐ No

Business is physically located ☐ within Gulf Shores city limits; ☐ within Gulf Shores police jurisdiction; ☐ outside of both

Type of Activity/Product: _____

Start date for conducting business in Gulf Shores: ____/____/____ **Tax Returns Filed by:** ☐ Mail ☐ On-line ☐ N/A

Will your sales people or delivery people enter into Gulf Shores? ☐ Yes ☐ No ☐ N/A

Sub Contractor Only? ☐ Yes **Name of General Contractor (if applicable)** _____
Copy of Alabama Certification required for Gen. Contractor, Homebuilder, HVAC, Landscaper or Plumber
Contract Amount: \$ _____ (Required for License calculation)

Owner(s), Partners and Officers Information (Attach separate sheet, if necessary):

Name

Driver's License #/State

Title

Contact Person _____ **Title** _____ **Phone #** _____
Please print

The information provided on this application is a true and complete representation of the above-named entity and person(s) listed.

Signature: _____ **Print Name:** _____ **Date:** _____
(initial) For businesses physically located in Gulf Shores, there will be a minimum waiting period of seven (7) working days for approval of application. I understand that I cannot open or operate this business at this location until my application has been approved and a Business License has been issued.

Internal Use Only:

Tax Liability: ☐ Sales/Seller's Use ☐ Lodging ☐ Lease/Rental

Frequency: ☐ Monthly ☐ Quarterly ☐ Occasional

☐ Consumer's Use ☐ Liquor ☐ Beer ☐ Wine ☐ Tobacco ☐ Gas

Forms Mailed: ____/____/____

Legal Business Name: _____

IF BUSINESS LOCATED OUTSIDE CITY LIMITS BUT IN GULF SHORES POLICE JURISDICTION, APPLICANT MUST OBTAIN APPROVAL FROM BALDWIN COUNTY ZONING DEPARTMENT LOCATED AT SATELLITE COURTHOUSE IN FOLEY. PHONE #-251-972-8523

• BALDWIN COUNTY ZONING DEPARTMENT PARCEL ID# _____

Signature: _____ Date: _____

Return to CITY OF GULF SHORES REVENUE DEPARTMENT

BELOW ITEMS FOR INTERNAL USE ONLY:

• ZONING ADMINISTRATOR: _____ Date: _____ Zoning District _____

APPROVED ☐ Yes ☐ No

Comments: _____

• BUILDING INSPECTOR: _____ Date: _____

APPROVED ☐ Yes ☐ No

• FIRE CHIEF: _____ Date: _____

APPROVED ☐ Yes ☐ No

Comments: _____

• CITY ENGINEER: _____ Date: _____

APPROVED ☐ Yes ☐ No

• POLICE CHIEF: _____ Date: _____

APPROVED ☐ Yes ☐ No

• CITY ADMINISTRATOR/CLERK: _____ Date: _____

APPROVED ☐ Yes ☐ No

• REVENUE OFFICER: _____ Date: _____

State License or Health Department approval verified? ☐ Yes ☐ No ☐ N/A

• RECREATION DIRECTOR: _____ Date: _____

APPROVED ☐ Yes ☐ No